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(Address)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.J. 12/2

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: S.H. FLOOR COVERINGS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: SILVIO A. HEPP  
Name (Printed or typed)

9846 Bernwood PL. DR. # 208  
Address

FT. MYERS FL. 33912  
City, State & Zip

(239) 645-8099  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

S.H. FLOOR COVERINGS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9846 BERNWOOD PL. DR. #208  
Ft. Myers, FL 33912

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Profit

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Silvio A. Hepp.  
9846 Bernwood Pl. Dr. #208  
Ft. Myers FL 33912

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Juliana Pereira  
6580 BRIARCLIFF RD.  
Ft. Myers FL 33912

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Juliana Pereira  
6580 BRIARCLIFF RD  
Ft Myers FL 33912

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature Registered Agent

Signature Incorporator

Date

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA